

Nebraska Medicaid Eligibility Categories

There are two primary groupings of individuals that qualify for Medicaid services: Families & Children; and Aged, Blind & Disabled. These two groups include a wide range of eligibility categories that have different eligibility criteria. Medicaid is Title XIX of the federal Social Security Act.

Children & Families

Aid to Dependent Children/Medical Assistance (ADC Cash)

These families receive an ADC cash assistance grant and are eligible for Medicaid as a result. In these families, parents or other caretaker adults also qualify for Medicaid.

Income:	\$222 a month	one individual
	\$293 a month	two individuals
	\$364 a month	three individuals
Resources:	\$4,000	one individual
	\$6,000	two or more

Required under Federal and State law (43-504).

Aid to Dependent Children/Medical Assistance (ADC 1931)

These families meet ADC eligibility requirements but do not receive an ADC grant. They do not receive a grant because either the grant amount is less than \$9.99 and is therefore prohibited, or parents choose not to cooperate with Child Support or Employment First requirements. Even though they do not receive an ADC grant, because they meet ADC eligibility requirements they are eligible for Medicaid. In these families, parents or other caretaker adults also qualify.

Income:	\$417 a month	one individual
	\$514 a month	two individuals
	\$611 a month	three individuals
Resources:	\$4,000	one individual
	\$6,000	two or more

Required under Federal law (Section 1931).

Aid to Dependent Children/Medical Assistance Medically Needy (MN ADC)

These families have income over the ADC standard but less than the Medically Needy Income Level (MNIL). If families have income over the MNIL, they can spend down, or share the cost, by paying for medical bills that are over the MNIL and establish eligibility. In this category, the children and parents or other caretaker adults can qualify for Medicaid.

Income:	\$392 a month	one or two individuals
	\$492 a month	three individuals
Resources:	\$4,000	one individual
	\$6,000	two or more

Federal option required under State law (68-1020).

ADC cases closed due to Child Support Collections

These are ADC cases that were eligible for Medicaid, but have been closed due to collection of Child Support. Once an ADC case is closed due to collection of Child Support, the families continue to be automatically eligible for Medicaid (both children and adults) without an income or resource test for four months.

Required under Federal law.

Aid to Dependent Children/ Transitional Medical Assistance (TMA)

Transitional Medical Assistance Cases are ADC cases that are ineligible for Medicaid due to earnings. In addition, a member of the unit met ADC standards in 3 of the proceeding 6 months which makes them eligible for Transitional Medical Assistance. The first six months of TMA are available without regard to income. In the next 6 months, earned income must be below 185% of the Federal Poverty Level. If earned income is below 100% FPL, all members of the family are eligible; if above 100% FPL, the family can pay a premium and be Medicaid eligible.

Income:	\$1,476	one individual
(185% FPL)	\$1,980	two individuals
	\$2,481	three individuals

Resources: There is no resource test
Only earned income is used to establish eligibility.
Required by Federal law.

Ribicoff

Ribicoff is for children age 18 or younger who are not eligible as an ADC child because they don't meet the ADC requirements of physical absence of one parent or financial deprivation. The adult parents cannot qualify under this category. The eligible children can spend down, or share the cost, to establish eligibility.

Income:	\$392 a month	one or two individuals
(MNIL)		
	\$492 a month	three individuals
Resources:	\$4,000	one individual
	\$6,000	two or more

Federal option required under State Law (68-1020).

Special Enhanced Medical Assistance for Children (Pregnant Women)

This covers unborn children in families with income equal to or less than 185% FPL. The mother is eligible for prenatal care, delivery and a sixty-day postpartum period. Under Federal law, a child born to a Medicaid eligible woman is eligible for Medicaid for 12 months, as long as the child lives with the mother.

Income:	\$1,980 a month	two individuals
(185% FPL):		
	\$2,481 a month	three individuals

Resources: There is no resource test.
Coverage of Pregnant Women to 185% a Federal option, but required under State law (68-1020).

Enhanced Medical Assistance for Children (EMAC)

This covers infants up to the age of one whose family income is less than 150% of the FPL. There is no ability to obligate income above the standard to spend down in order to establish eligibility. Only the children are eligible, no adults can be eligible under this category.

Income:	\$1,197 a month	one individual
(150% FPL)	\$1,605 a month	two individuals
	\$2,012 a month	three individuals

Resources: There is no resource limit.
Federal option required under State Law (68-1020).

Medical Assistance for Children (MAC)	<p>This is for children ages 1 through 6 (through the month of their sixth birthday) where the family income is equal to or less than 133% FPL. There is no ability to obligate income above the standard to spend down in order to establish eligibility. Only the children are eligible, no adults can be eligible under this category.</p> <table><tr><td>Income:</td><td>\$1,061 a month</td><td>one individual</td></tr><tr><td>(133% FPL)</td><td>\$1,423 a month</td><td>two individuals</td></tr><tr><td></td><td>\$1,784 a month</td><td>three individuals</td></tr></table> <p>Resources: There is no resource test. Required under Federal and State Law (68-1020).</p>	Income:	\$1,061 a month	one individual	(133% FPL)	\$1,423 a month	two individuals		\$1,784 a month	three individuals
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School Age Medical (SAM)	<p>This is for children ages 6 through 18 years of age (through the month of the child's 18th birthday) where the family income is equal to or less than 100% FPL. There is no ability to obligate income above the standard to spend down in order to establish eligibility. Only the children are eligible, no adults can be eligible under this category.</p> <table><tr><td>Income:</td><td>\$798 a month</td><td>one individual</td></tr><tr><td>(100% FPL)</td><td>\$1,070 a month</td><td>two individuals</td></tr><tr><td></td><td>\$1,341 a month</td><td>Three individuals</td></tr></table> <p>Resources: There is no resource test. Required under Federal and State Law (68-1020).</p>	Income:	\$798 a month	one individual	(100% FPL)	\$1,070 a month	two individuals		\$1,341 a month	Three individuals
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Children's Health Insurance Program (CHIP)	<p>This is the State Children's Health Insurance Program (S-CHIP, Title XXI of the Social Security Act) for children up to age 18 (through the month of the 19th birthday) with family income below 185% FPL. They cannot have creditable health insurance coverage and do not qualify for one of the other Medicaid eligibility groups. Only children in the family are eligible, not any adults. There is no ability to obligate income above the standard in order to establish eligibility.</p> <table><tr><td>Income:</td><td>\$1,476 month</td><td>one individual</td></tr><tr><td>(185% FPL)</td><td>\$1,980 a month</td><td>two individuals</td></tr><tr><td></td><td>\$2,481 a month</td><td>three individuals</td></tr></table> <p>Resources: There is no resource test. Federal option required under State law (68-1020).</p>	Income:	\$1,476 month	one individual	(185% FPL)	\$1,980 a month	two individuals		\$2,481 a month	three individuals
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Six Months Continuous Coverage	<p>Children 18 and younger who are found to be eligible for Medicaid are initially eligible for six (6) months, with no income or resource test after the first month. This applies only to the children in the family, regardless of which eligibility category they qualify under. Federal option, required under State law (68-1020).</p>									
Presumptive Eligibility	<p>In this program, a qualified health care provider can presume that a pregnant woman is eligible for Medicaid (based on a patient's declaration of income), and can deliver services with a knowledge that they will be reimbursed by Medicaid. The pregnant woman is eligible for all services except inpatient hospital. This presumed eligibility continues until the Local Health and Human Services Office officially determines eligibility for Medicaid. Federal option, required under State Law (68-1020).</p>									

Aged, Blind & Disabled (AABD)

Aged is defined as over 65; Blind and Disabled are determined as such using the Social Security Administration's definitions and can be either children or adults.

Aid to the Aged, Blind and Disabled (AABD)

This is cash assistance for person eligible as Aged, Blind and Disabled who receive a Supplemental Security Income (SSI) payment or a State Supplement Program payment.

Income:	\$588 a month	one individual
	\$874 a month	a couple
Resources:	\$2,000	single person
	\$3,000	a couple

Federal option required under State law (68-1001).

**Aid to the Aged, Blind and Disabled/
Medically Needy (MN AABD)**

These are AABD clients who are not eligible for cash assistance because they have income over cash assistance standards. They have a medical need but are not eligible under the 100% FPL standard. This Medicaid category allows the individual to obligate their income above the standard to spend down on their own Medical bills and establish Medicaid eligibility.

Income:	\$392 a month	one or two
Resources:	\$4,000	one individual
	\$6,000	two individuals

Federal option required under State law (68-1020)

**Aid to the Aged, Blind and Disabled/
Qualified Medicare Beneficiaries (QMBs)
at 100% FPL**

These are AABD clients whose income is below 100% FPL. The Federal Law requires States to pay only Medicare premiums, copayments and deductibles for clients with less than 100% FPL. Nebraska administratively offers full Medicaid coverage to this group instead of limiting payment to Medicare premiums, copayments, and deductibles. This coverage includes Qualified Medicare Beneficiaries (QMBs) up to 100% FPL. There is no ability to obligate income above the standard in order to establish eligibility.

Income:	\$798 a month	one individual
(100% FPL)	\$1,070 a month	two individuals
Resources:	\$4,000	one individual

	\$6,000	two individuals
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State is Federally required to pay for Medicare coverage for eligible clients to 100% FPL, State chose to cover under Medicaid.

**Aid to the Aged, Blind and Disabled/
Special Low Income Medicare
Beneficiaries (SLIMBs) at 120% FPL and
Qualified Individuals I (QI1s) at 135% FPL**

These are AABD clients for whom the State is required to pay Medicare Part B Premiums (\$78.20 a month). These clients are not eligible for any other medical services, just payment of the Medicare premium. Federal and State funds (regular match) pay for the SLIMBs who are covered below 120% of FPL. Federal funds entirely pay for the QI1 group to 135% FPL.

Income:	\$1,077 a month	one individual
(135% FPL):	\$1,445 a month	two individuals
Resources:	\$4,000	one individual
	\$6,000	two individuals

Federally required.

Qualified Working Disabled Individuals
(Part A)

These are AABD clients who are eligible for Medicare as a disabled individual and who returned to work. As a result, they are required to pay their Medicare Part A (hospital) premiums to maintain coverage. This program pays the Part A premium for individuals who have an income of less than 250% FPL. The premium is currently \$375 per month.

Income:	\$1,995 a month	per individual
(250% FPL)	\$2,675 a month	a couple
Resources:	\$4,000	one individual
	\$6,000	a couple

Federally required.

Medicaid Insurance for Workers with
Disabilities (Buy In)

These clients meet Medicaid's disability requirements, which are defined by the Social Security Administration, but earn more than the income requirement. Keeping Medicaid coverage enables them to continue to work. They are eligible for this program without paying a premium up to 200%FPL; between 200% FPL and 250% FPL they must pay a premium.

Income:	\$1,995 a month	one individual
(250% FPL)	\$2,675 a month	a couple
Resources:	\$4,000	one individual
	\$6,000	a couple

Federal option, State law requires (68-1020).

1619b Clients (1619b is a Section of the
Social Security Act)

These are former SSI and State Supplement clients that are working and have exhausted the 9 month trial work period allowed, but have earnings below the average State expenditures for a disabled client in Medicaid, SSI, State Supplement and Block Grant payments. This is currently \$25,303. As long as SSI carries them in a 1619b status, the State continues Medicaid.

Federally required.

Breast and Cervical Cancer Clients

These are women who are screened for breast or cervical cancer by the HHSS Every Women Matters Program and found to need treatment. The women are below 225% FPL using Every Woman Matters criteria.

Federal option, required by State Law (68-1020).

Katie Beckett Wavier

This is a Medicaid State plan amendment waiver for children under 18 who would require institutional services without this assistance. Parents are not held financially responsible for children who are eligible under this provision. The income and resource test is dependent upon the client's living arrangement.

Federal option.

Spousal Impoverishment

This allows the splitting of resources and income for a married couple when one spouse needs institutional (nursing home) care and the other will remain living in the community. The value of the couple's resources is determined the first month in order to determine the spousal shares so amounts can be allocated appropriately.

If the community spouse does not have income equal to 150% FPL for two (\$1,605 a month), income is allocated from the nursing home spouse to the community spouse up to that level. If the couple has resources at or below \$19,020, they are considered all belonging to the community spouse. At approximately \$184,000, resources are split 50-50 between the couple. Beyond this level, all resources in excess of \$95,100 are considered belonging to the nursing home spouse.
Federally required.

